PASSAIC VALLEY SEWERAGE COMMISSIONERS APPLICATION FOR A SEWER USE PERMIT

1. Company Name: Derzma R	Rife Inclustaires LLC	
2. Permit Number if applicable:		¥ 20
3. Location: 3 500 26th 5	λ,	٠
*	Zip Code: 07513	
4. Mailing Address: Polenson		
4	Zip Code: 07513	
5. Person to contact concerning information	provided in this application:	
Name of Contact Official: Mark Fr	riedman	
TitleSr. Vice President	Phone No.: 973 549	G A
Address: 3 & 264 51,	Polenson N3 Zip code: 07513	(- 10
6. Number of Employees – Full Time:6		
Number of Work Days Per Year: 250		
Number of Shifts Per Day: 2- m~\(\)		~-
7. If property is owned indicate block and lot		
		*
Assessed Value:		
. If property is rented indicate name and add	dress of owner:	
. — .	<u> </u>	
Total square feet rented:		
. List NJPDES Permit Number if applicable,	\sim \sim \sim and	
Name of receiving Body of Water entered	7/0	
, , , \(\(\)		
Or cher	INDUSTRIAL 120 - 459	
Assent Well, Orcher	811008115081200	
1000 months		
O BIT WALL	MAY 1 2007	
	1	
	81250 <u>82050</u> 82100_	

SECTION B

WAT	ER	DA	STA

10.	Water	Source:	(Circle	all	appropriate	answers)
T O .		~ ~ ~ ~ .	(- Par o barrers	COLLE II CI D

Purchased

Well .

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier:

List all Account #'s:

2K/doy

12. Water Received: From Mo. ____Yr. ___Through Mo. ____Yr. _____ (* Next to a figure means it is estimated).

	PURCHASED	WELL	RIVER	TOTAL
 1 st Qtr.	142,500			
2 nd Qtr.	163,500			
3 rd Qtr.	143,500			
4 th Qtr.	143,500			

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons	Discharged	Gallons Used
	Sanitary/Combined	Stormwater/River/	Other
and the second of the second o	Sewer	Ditch	
Sanitary service only	300		
Process waste waster	1000		
Cooling water			
Evaporation			
Contained in the product			(2)
Other (describe)			700

GRAND TOTAL 2006 - 2006

SECTION B (continued)

14.	Process was	stewater which is discharged a	s above is met	ered as follows:
	To the S	eparate Sanitary Sewer	YN	
	To the C	ombined Sewer	Y-N	
	To the St	torm Sewer	Y-N	
	River or	Ditch	Y-N	
15.	Waste haule	er information: List all firms a	nd/or independ	dent contractors used to remove
		te or sludge from this facility.		
Cont	tractor	Address	Icc#	Waste type handled
~	1 6			
	+ 12			
16.	or intermitte	f Industrial Waste is continuount	iseach operat	ting day.
				ting day
	If the dischar	rge is intermittent, it occurs be	etween the follo	owing hours: Varying 9Am - 10P
17.		otion of Manufacturing or othe		• • • • • • • • • • • • • • • • • • • •
			The blen	
	50085	and lotions.		. 0
	List SIC CO	DE#: 39	99	
18.	Principal Ray	w Materials used: vally	Lids (D)	MIHES), ALCOHOLS,
	- W77	•		
			3 ,	
19.	Principal Pro	ducts or Services: 5000	isnd 1	tions for skin
_	Lone			
*		*		

	Does this facility shutdo	wn for vacati	ion(s)? Ho	_ If so, is	it basically t	he same time
	each year. Pr	ovide dates i	isually shutdov	vn		
			SECTION D			. 4
<u>MO</u>	NITORING	•				
21.	Describe any pretreatme	nt process or	effluent monito	oring syste	m in use:	
	Outlet Ool	77.	roposed Ljustmen	Ha	oficen	Ring 1
	Outlet	:	J			
a galandi san a galangi a Agalandi san a galangi a Agalandi san a galangi a Agalandi san a galangi a	Outlet					the second of
22.	Sampling information:					
	Contains	Industrial				

Level

001

SECTION D (continued)

23. Volume Information:

	Daily Flow Metered
<u>Outlet</u>	(Gallons) (Y - N) Type Date
00	1 1,000-apd 1 Proposed-Not Yet
	in place
24.	Frequency of calibration of each flow meter: Weekly
	(

- 25. Attach plot plan of the property showing:
 - (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
 - (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
 - (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

Sea nHucked

SECTION E

ANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NOOO). 1			
Report to the nearest unit: XX Except where indicated with (1) Examp		Report to the nearest hundre Except where indicated Examp		
<u>Parameter</u>	Value	<u>Parameter</u>	Va	<u>lue</u>
*Radioactivity (PL-1)	Ma	*Antimony (Sb)	N	Α
Total Solids	54,550	*Arsenic (As)	1	
*Volatile Solids	Na	*Boron (B)		-
Total Suspended Solids	2450 AAA	Cadmium (Cd)	40.	001
*Volatile Suspended Solids	NA	*Chromium Total (Cr)		
(1)(3) SGT-HEM (EPA Method 1664 Rev. A)	41.9 M 1 12.	Copper (Cii)	277	
Biochemical Oxygen Demand (BOD)	70,000	*Iron (Fe)		
	the the		0.064	4
Chemical Oxygen Demand (COD)	45,300	*Cyanide (Cn)(3)		
**** . 1.0	PUN	Mercury (Report to 0.XXX) < 0.		
*Total Organic Carbon (TOC)	NA	Nickel (Ni) O. *Selenium (Se)	0232	
pH(standard unit range)	(064	*Silver (Ag)	<u> </u>	
(1) Ammonia as N	1.6 - 9	*Tin (Sn)	= .	-
	260. 5 Amg/1			<u> </u>
(1)(3) Total Oil & Grease	41.9NA		282	1
*(1) Sulfide	NA	*Phenol		
*(1) Ortho Phosphates as P	NO	*Pesticides (Report to 0.XXX)		
*(1) Kjeldahl N as N	NA			
*(2)(3) TTO (Report to 0.XXX)	MA	*TTVO (Report to 0.XXX)(3)		V

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.
 (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.

(2) See instructions.

(3) Grab sample required

Rev:	1/87
	.8/89
	7/90
	9/94
	8/95
	11/95
	07/98
	09/05



W.A.T.E.R. WORKS LABORATORY INC.

364 Gienwood Ave., East Orange, NJ 07017 [973] 678-3787 FAX [973] 678-6779

LABORATORY ANALYSIS REPORT

DATE:

AUGUST 28, 2007

CLIENT:

ACCUTECH

43 WEST FRONT STREET

REAR SUITE

KEYPORT, NJ 07735

SITE:

DERMARITE INDUSTRIES

3 E 26TH ST PATERSON, NJ

SAMPLE COLLECTED ON: 8/8/07 SAMPLE RECEIVED ON: 8/8/07

SAMPLE #:	193559	METHOD
CUSTOMER ID #:	WW	ANALYSIS
	V	
BOD, mg/L	70000	SM5210B
TSS, mg/L	2450	SM2540D
TS, mg/L	54550	SM2540B
COD, mg/L	45300	HACH 8000
CADMIUM, mg/L	< 0.001	SM3113B
AMMONIA-NITROGEN, mg/L	260.5	SM 4500-NH3 BC
LEAD, mg/L	0.064	SM3113B
MERCURY, ug/L	< 0.1	SM3112B
pH, units	6.4	EPA 418,1
TPHC, mg/L	< 1	EPA 418.1

STEPHEN KROEMER ***
LABORATORY MANAGER

NUDEP LABORATORY ID # 07673
W.W.L.'S TOTAL LIABILITY FOR ANY WORK PERFORMED IS LIMITED TO THE COST OF SERVICES RENDERED

AUG-28-2007 10:15 From: WATERWORKS LAB

9735786779

To: 17327390451

P.2/3



Analytical Report



Regarding:

PETER BISCHOF WATER WORKS LABORATORY, INC. 364 GLENWOOD AVENUE EAST ORANGE, NJ 07017

PETER BISCHOF WATER WORKS LABORATORY, INC. 364 GLENWOOD AVENUE EAST ORANGE, NJ 07017

Account No: GOO167, WATER WORKS Project No: GOO167, WATER WORKS	LABORATORY, INC. LABORATORY, INC.		P.O. No: PWSID No:	Inv. No: 902044
Sample Number Sample Descripti 12317089-1 193559 GRAB Received Temp:	on 36 F Iced (Y/N): Y		Samp. Date/Time/Temp 08/08/07 00:00am NA F	Sampled by Customer Sampled
Parameter COPPER NICKEL ZINC HEXANE EXTRHEM (OIL+GREASE) HEXANE EXTRSGT (NON POLAR O+G)	Method EPA 600 Method 200,7 EPA 600 Method 200,7 EPA 600 Method 200,7 Method 1664A HEM Method 1664A SGT(@PHC)	Result 0.277 mg/l 0.0232 mg/l 0.282 mg/l 41.9 mg/l 12.8 mg/l	RLs 0,00300 mg/l 0,0100 mg/l 0,00500 mg/l 5,00 mg/l 5,00 mg/l	Test Date, Time, Analyst OB/23/07 07:35AM BAB OB/23/07 07:35AM BAB OB/23/07 07:35AM BAB OB/24/07 08:30AM MP OB/24/07 OB:30AM MP

1. @1664 SGT/PHC=non-polar materials of petroleum orgin >Cl2.

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
- The test"pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
- Actual times of analysis for parameters reported (24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
- GC NELAP ID's:PA 09-00131,NJ PA166_FL E87954,NY 11223,CT PH-0768,DE PA-018,KY 90228,MD 206,EPA PA00018,Bicassay:PA 09-03574,NJ PA034,FL E87953,KS £10373,SC 89020001.
- GC NELAP ID's:Wind Gap,NJ PA001,PA 48-01334;E RUTHERFORD NJ02015;Vineland NJ06005; Reading PA 06-03543.
- All samples are collected as "grab" samples unless otherwise identified.
- MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
Regulatory authorities are assessing substantial fines for testing emissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance, QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Page 1 of 1

Serial Number: 875858

UNS Industrial Rt. 1. P.O. Hear STA Scattering and PA 18960 1193 I Chem. 243-443, 600 Unit by 345 1371 and gelaboration is con-

HU	a-cc	•	١.	TKI	; 15	rror	n : MH			5 Lh	13	or morney com	' ر	1	(00)	13		MAC - M-VIEW 1999	me overe w	}. O ÷	# 1 ##	- 1 - L	0-	101			~~~	r. 3/		
	·)	3	1PDNSMMCS			WWL	135554														727	1	DATE	かばも	1 1 7	1000	1 1			A THE A THREE PROPERTY OF THE
			- [子	МеОН	## H TOS														(Deg C):	By: /	TIME		İ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WL ON:		0F /	.ac
	st Orange, NJ 07017	•	150	SE STAM ST	Pareel on	QUESTED	800 500	Grass CD CV													Temperature Upon Receipt (Deg C):	Standard RUSH: Need By:				126	MeOH VOA BOTTLES PREPARED BY WWL ON		PAGE (GW= Groundwater: SL= Sludge:
CHAIN OF CUE DDY	INC. 364 Glenwood Ave, East Orange, NJ 07017	Fax (973) 678-6779 NJDEP Certification # 07673	SITE:	ADDRESS:		ANAL YSIS REQUESTED	15 TSS SCT-HEM	7 D.L	スラ												Na2SO3 Other:	Full EDD TATAS	DATE	818 of RECEIVED BY:	/ / RECEIVED BY:	818101 RECINITAB BY:	NO MeOH VOA BO	ž.ž.		WW=Wastewater: So=Soil: GW
HAIN O	RY, INC	ax (973) 6			\Z 12	MATRIX	sec note														HCL		TIME		<u> </u>	1230	(ES)			
כ	ORATO	8-3787 F	ロシンとうさ		KLY PERT	Grab/	Comp												.;		HIND)	NJ Reduced					ITION:	7		rinking W
	KS LAB	Phone (973) 678-3787	Don		7	TIME	44 14						7								HZSO4	Etandard	しく	(X	1	S S S	DOOND	11:43		s: DW=D
	W.A.T.E.R. WORKS LABORATORY,	Phone				DATE	8/8/en		1 1	1 /	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	NaOH	1	4	*	1		SAMPLES REC'D IN GOOD CONDITION:	95		Matrix Codes: DW=Drinking Water:
	/.A.T.E.I		CLIENT	ADDRESS:		# OF						·									ve Used:	REPORT FORMAT:	Y:	DBY:	DBY:	AB BY:	ES REC'I	ゴエ		Ma
	*					CLENT	#M														Circle Preservative Used	REP	COLLECTED BY	RELINQUISHED BY	RELINQUISHED BY	RELNQD AT LAB BY:	SAMPL	REMARKS: PH C.43@		Physics and particles with the second



43 WEST FRONT ST. - REAR SUITE • KEYPORT, NEW JERSEY 07735 • Phone 732-739-6444 • Fax: 732-739-045

August 31, 2007

Salvatore Biondo Passaic Valley Sewerage Commissioners 600 Wilson Avenue Newark, New Jersey 07105 Dear Mr. Biondo:

RE: Dermarite Industries Inc 3 East 26th Street Paterson, New Jersey 07514

Per your request, enclosed please find an Analysis Report for discharge sampling at the above location.

Should you need additional information, please do not hesitate to call.

Sincerely,

Senior Associate

SECTION E (continued)

Sam	iples collected by: Mi Proposed on site matering
	545ten Waterworks LAB + QC Date: 11
Sam	pple analyzed by: Date: 880
	ducts being manufactured when sample was collected: N
27.	Who performs the analyses of the samples for User Charge? A
•	
28.	Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N A
29.	Who performs the analyses of the samples for the Pretreatment Parameters?
· ·	If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:
30.	Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?
	Y-N N A
31.	Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1.2 & 3 is present in your discharge

SECTION F

PRETREATMENT

_			•				
2.	Industrial Category:	NA				·	
	Subpart (s):	NA	. •′				
3.	Compliance date(s):					•	
		1	• .				
4.	Is facility in compliance?						explain
	actions being taken to get	t into complian	ce:	1	H mony	oring	_1
	reliestment	System	<u> </u>	pc	installed	<u>/~~</u>	MAYC
	en e	· · · · · · · · · · · · · · · · · · ·	***				
).	Date Baseline Monitoring	Report (BMR) submitted	to PV	SC:	Ostania i neg	
		is and the					
· .	Compliance schedule sub	r sa file	1				
•. •	If yes is facility on schedu	ıle?E	xplain if co	mpliar	nce date will n	ot be met	• • • • • • • • • • • • • • • • • • •
		¹⁹	:		<u> </u>	<i> </i>	
•	Does this facility come ur	der the Resour	ce Conserv	ration	and Recovery	Act (DCI	O A 19
	If yes, describe	.	ee comber v	anon e	and recovery	ACI (ICCI	XA)!
		m:11 D		1.0		(· ·
•	Does this facility have a S	pili Prevention	Control an	id Cou	ntermeasures	(SPCC) p	olan?
	If yes, describe	No		·			
.	Has NJDEP or EPA ever of	cited this facilit	y for a viol	ation o	of State or Fed	erol	
	Regulations for the nature					.c.ai	
	regulations for the matthe	or its wastewa	ter discharg	ge? Y	-(1)	· · · · · · · · · · · · · · · · · · ·	_
	Is this facility under an ISI	RA Clean un?	La Ifso 1	has a r	lan heen annr	oved by	· .
	NJDEP:		1 30, 1	uas a p	nam occii appi	oved by	
	14312121.		·				
	Is there any plan to dischar	roe oronnidavete	ar?				
	From the second	so groundwall	<i>/</i> 1 i			•	
			i k	ام			

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Mark Friedman

TITLE: Sr. VP
4/30/07

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- Principal Officer of Corporation a.
- President or Owner of Company b.
- General Partner if a Partnership c.
- Plant Manager or Authorized Representative d.

TABLE 1 EPA PRIORITY POLLUTANTS

NAME	A	В	C	D		A	В	C	D
Acenaphthene .		-	 	×	2,4 dimethylphenol	 		-	-1
acrolein					2,4 dinitrotoluene	 	 	 	X
acrylonitrile					2,6 dinitrotoluene		+		
benzene					1,2 diphenylhydrazine	 	 	 	
benzidine				1	ethylbenzene	 	 	-	
carbon tetrachloride					fluoranthene	 	-		
(tetrachloromethane)				1.	4-chlorophenyl phenyl ether	 		 	
chlorobenzene				_	4-bromophenyl phenyl ether		 		
1,2,4-trichchlorobenzene	\top	İ		1	bis(2-chlorosispropyl) ether	 	<u> </u>		
hexachlorobenzene	1		44	-	bis(2-chloroethoxy) methane	-	 		
1,2 dichloroethane				1	methylene		ļ,		+
1,1,1 trichlorethane	1			\dashv	chloride(dichloromethane)			٠.	- 1 -
hexachloroethane				+	methyl chloride	- Line in the Co			
1,1,dichloroethane	1			+	(chloromethane)		s. ty		
1,1,2 trichloroethane	,			_	methyl bromide	1 12			
1,1,2,2 tetrachloroethane	1	-		+	(bromomethane)	1 - 4	<u></u>	,	.
chlorethane				+	bromoform(tribomomethane)	- 1 W L	<u> </u>		-
bis(chloromethyl) ether		-+		+	dichlorobromomethane	<u> </u>	2	-	-
Bis(2 chloroethyl) ether			$\neg +$	+-	trichlorofluoromethane				
2-chloroethyl vinyl ether mixed				+-	dichclorodifuoromethane				
2-chloronaphthalene				1	chlorodibromomethane		-,		
2,4,6, trichlorophenol				+-	hexachlorobutadiene				
parachlorometa cresol				1-	hexachlorocyclopentadiene	· · · · · ·			
Chloroform (trichloromethane)	1-1		_	+	isophorone				
2 chlorophenol				+	naphthalene				
1,2, dichlorobenzene			- 	++	nitrobenzene			-	
1,3, dichlorobenzene		-		-	2-nitrophenol				-
1,4, dichlorobenzene				\dashv	4-nitrophenol				1
3.3. dichlorobenzidine				+-	2.4-dinitrophenol				4
1,1,dichloroethylene				1	4,6 dinitro-o cresol				-
1,2 trans-dichloroethylene					N-nitrosodimethylamine				-
2,4,dichlorophenol				1	N-nitrosodiphenlamine	+			+
1,2, dichloropropane				1	N-nitrosodi-n-proplyamine				+
1,3, dichloropropylene					pentachlorophenol				+-
(1,3 dichclor propene)					phenol				1,

- A. KNOWN TO BE PRESENT
- B. SUSPECTED TO BE PRESENT
- C. KNOWN TO BE ABSENT
- D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)

NAME	A	В	C	D		A	В	C	D	
bis(2-ethylhexyl) phthalate				メ	endrin	_	 		V	,
butylbenzylphthalate				1	endrin aldahyde		 	-		
di-n-butylphthalate		-			heptachlor					7
di-n-octylphthalate					heptachlor (epoxide)					\dashv
diethylphthalate					BHC Alpha					_
dimethylphthalate					BHC Beta				. 1	
benzo(a)anthracene					BHC Gamma					П
benzo(a)pyrene					BHC Delta				1	П
3,4 benzofluoranthene					PCB1242					П
benzo(k) fluoranthane					PCB1254	- 				П
chrysene					PCB1221					H
acenaphthylene		`			PCB1232					H
anthracene					PCB1248				-	
benzo(ghi)perylene					PCB1260					
fluorene					PCB1016		,		$\neg \uparrow$	
phenanthrene					toxaphene				-1	7
dibenzo (a,h) anthracene		٠			antimony(total)					\exists
indeno (1,2,3-c,d) pyrene					arsenic (total		-			ᅦ
pyrene		·			asbestos (fibrous)	-				٦
tetrachloroethylene					beryllium (total)					٦
toluene					cadmium (total)	, .				٦
trichloroethylene					chromium (total)					٦
vinyl chloride					copper (total)				1	٦
aldrin					cvanide (total)					
dieldrin					lead (total)					
chlordane					mercury (total)			,		
4,4 DDT					nickel (total)					
4,4, DDE					selenium (total)					
4,4, DDD					silver (total)					
endosulfan 1					thallium (total)					
endosulfan 11					zinc (total)					
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo				1	
				V	p-dioxin				V	1

- A. KNOWN TO BE PRESENT
- B. SUSPECTED TO BE PRESENT
- C. KNOWN TO BE ABSENT
- D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS

NAME	A	В	C	D		A	В	C]	D
acrylamide		•	-	X	n,n-dimethyl aniline				<u> </u>	
amitrole					3,3-dimethyl benzidine		 	 	+->	<u> </u>
amyl alcohols					1,1-dimethylhydrazine			-		\vdash
anilne hydrochloride					dioxane		·		\vdash	\vdash
anisole					diphynylamine	-	 	-	+	
auramine					ethylenimine		<u> </u>	 	-	<u> </u>
benzotrichloride					hydrazine		-	 		-
benzylamine					4,4-methylene bis			ļ · · · · · · · · · · · · · · · · · · ·	-	├
					(2-chloraniline)					\vdash
o-chloroaniline	-				4,4-methylenedianiline			-	-	╂─
m-chloroaniline					methyl isobutyl ketone			l		+
p-chloraniline					alpha-naphthylamine					╀
1-chloro-2-nitrobenzene				 -	beta-naphthylamine	<u> </u>				-
1-chloro-4-nitrobenzene					n-methylaniline					+
chloroprene					1,2- phenylenediamine					+
chrysoidine									<u>-</u> -	H
cumene					1,4-phenylenediamine					
2,3-dichloroaniline					sudan 1 (solvent yellow 14)					
2,4-dichloroaniline					thiourea				\dashv	
2,5-dichloroaniline					toluene sulfonic acids				+	
3,4-dichloroaniline					toluidines				\dashv	
3,5-dichloroaniline					xylidines				\forall	7
1,3-dichloropropene		•								-
1.3-dimethoxybenzidine				4						

- A. KNOWN TO BE PRESENT
- B. SUSPECTED TO BE PRESENT
- C. KNOWN TO BE ABSENT
- D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES

NAME	A	В	C	D		A	В	C	D
acetaldehyde				メ	isopropanolamine				1
allyl alcohol				1	kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor			,	
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl		:			mexacarbate				
carbofuran					monoethylamine				
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					napthenic acid	,			
cresol					nitrotoluene		. :		
crotonaldehyde			;; u		parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
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epichlorohydrin					trimethylamine	-			1
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- A. KNOWN TO BE PRESENT
- B. SUSPECTED TO BE PRESENT
- C. KNOWN TO BE ABSENT
- D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued).

NAME	A	В	<u>C</u>	D		A	<u>B</u>	<u>C</u>	D
ethanolamine			-	X	uranium				×
ethion				1	vanadium				1
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formaldehyde					xylenol				
furfural					zirconium	 			1
guthion						4		···	
isoprene				V	•	•			

- A. KNOWN TO BE PRESENT
- B. SUSPECTED TO BE PRESENT
- C. KNOWN TO BE ABSENT
- D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Dermorite Industries LLC 3 Bost 26th St. Paterson, NJ 07513

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

Some

BUSINESS ORGANIZATION:	Please check the appropriate bo	X:	sup man me
[] Sole Proprietorship [] Partnership [] Limited Partnership [] Corporation [] Other (describe)		nture fit Corporation Liability Company	
		•/	
EMERGENCY CONTACT PERSonate telephone number of the person(s) the	he PVSC can contact:	gency, provide the name, ad	dress and
Name: Mark F	riedman Sr. VP 26th St	¥	
Street Address: 3 \(\xi\).	26th 5t		
City, State & Zip Code: Paker	250W, NJ B7513	·	
Business Telephone: 973 569-6	Poso Emergency Telephone:	in se	**
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OFFICERS, List the following information as to each Officer of the corporation. Use additional copies of

this section as necessary.

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If any of the persons and/or entities listed above is a such corporation provide all information requested in SECT	corporation or Lin Section Two of	mited Liability (this Questionna	Corporation, for ire.	r each
	1			•
(This section to be completed only if other than a sole proprietorship, corp as a trust or association)	the business concorration, partners	ern is organized hip or joint vent	in a form ure—such	
FORM OF BUSINESS ORGANIZATION: Described authority it was established.	ribe how the bus	iness entity is o	rganized and ur	nder what
Γype (trust, trade association; estate; etc.)				
Copy attached? Yes No		· .	•	

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

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Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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	SECTION TWO			
(To be completed only b	y Corporations and L	imited Liabili	ty Companies)	
REGISTERED AGENT: Identify the name	* *			nt.
	ire and address of the	Corporation	registered Age	III.
Name:				• • •
Company Name:				
Street Address:		1 1		
City, State & Zip Code:			,	
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Telephone: (Area Code)				9
(Thou code)	* .	9		
DATE AND PLACE OF INCORPORAT	TION/FORMATION	I: Identify the	e state where the	
corporation/LLC was organized and the dat	e on which the Certif	icate of Incor	poration/Formati	on was filed:
	,	¥		
State/Country: NJ				
State/Country: NJ Date: 5/3/1995			**	
State/Country: NJ Date: $5/3/1995$	3772			
State/Country: NJ Date: 5/3/1995 Certificate of Incorporation No.: 0083	9	 No		
State/Country: NJ Date: 5/3/1995 Certificate of Incorporation No.: 0083 Copy of certificate of incorporation attached DATE AUTHORIZED IN NEW JERSEY which the corporation/LLC received a Certificate of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation o	ed? Yes Y: If other than a Ne	w Jersey corp	oration/LLC, sta iness in New Jer	te the date on rsey (and attach
State/Country: NJ	ed? Yes Y: If other than a Ne	w Jersey corp	oration/LLC, sta iness in New Jer	te the date on rsey (and attach

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
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SECTION SEVEN

OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION



(To be completed by all applicants)

OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary. Title of case: Docket No.: Name & location Date judgment of court: entered: Nature of Amt./terms of suit: judgment: List and explain all civil suits in which the applicant is presently involved as a PENDING SUITS. party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary. Title of case: Docket No.: Name & location of court: Date Filed: Nature of

Status:

suit:

SECTION EIGHT

CRIMINAL CHARGES AND CONVICTIONS



(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted:	<u> </u>	- · · · · · ·
Description of crime/offense charged:		
Date Charged:	Jurisdiction Where Charged:	- 1
Indictment information, Complaint No., indictment No. etc.,		.
Disposition (if applicable, sentence imposed):		÷

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: (300

Signatur

Print Title & Position

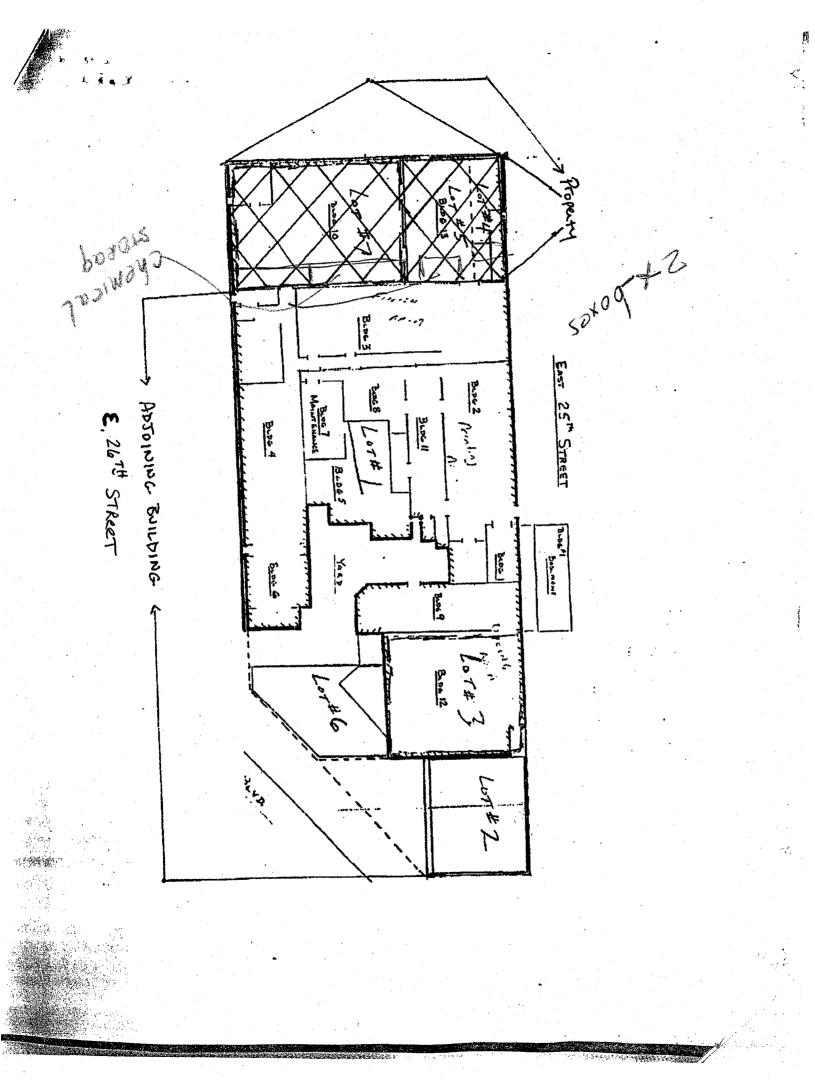
Local Limit Baseline Monitoring Report Requirements

- 1. Name and address of facility. Include name of operator if different from owner.
- 2. List of any environmental permits held by facility.
- 3. A brief description of the operation, average rate of production, number of work days, categorical regulation(s) including subpart(s), and standard industrial classification (SIC) number of the operation.
- 4. The daily average and maximum regulated wastewater and the daily average and maximum total wastewater flows with an explanation of how each was obtained.
- 5. Identification of all applicable parameters. Compare sampling results to both Threshold Values & Local Average Monthly Limits. You are required to sample as follows:
 - a) For all parameters listed in the local limits, three (3) 24-hour composite samples must be obtained over a two week period through flow-proportional composite sampling techniques where feasible. These samples should represent normal operating days.
 - b) The samples must be analyzed for all regulated pollutants covered by the local limits. Time, date, place and type of sample must be noted. Sample preservation methods must also be noted. Samples are to be analyzed by an NJDEP certified laboratory and the results must be reported on their stationery. See attached table for submitting analyses.
- 6. A statement of certification by a qualified company representative as defined in 40 CFR 403.12 (b) (7) and (k) indicating whether the Threshold Values were exceeded and/or if the Local Limits are being met. In addition, if the local standards are not being met, include whether additional pretreatment is required, and what provisions your company will undertake to achieve compliance.
- 7. The following statement also must be included in the report.

 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 403.6(aX2Xii) revised by 53 FR 40610, October 17,1988
- 8. An updated flow diagram including volumes is required. Indicate the local limit sample point, which should be your furthest accessible downstream point, and your user charge and pretreatment sample points. Sign and date drawing.

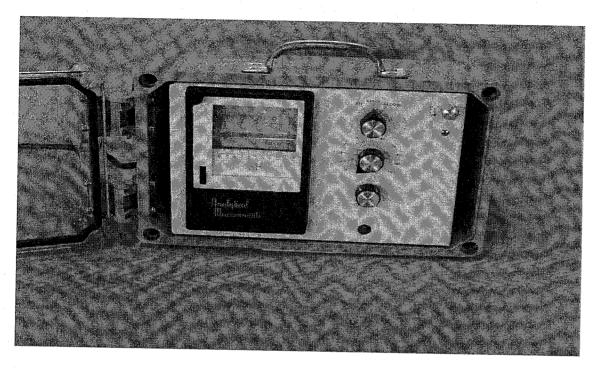
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Portable Recorders

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Portable Recorders



Model 30 Recorders

These recorders are very versatile and can be used as portable or permanently mounted units. They provide a strip chart record of pH or ORP verses time while using approximately one roll of chart paper a month. The units come enclosed in a weathertight enclosure with clear plastic hinged cover. Provided as either 115 VAC with a line cord, or battery operated using a 6 volt 10 amp hour battery. Battery operated units can run for atleast 2 weeks before recharge of battery is required. It is recommended a spare battery and battery charger be ordered. pH units are typically 2-12 pH and ORP is +500/0/-500 with other ranges available. Each unit is provided with a pH probe mounted in a 3/4" PVC nipple with 10 ft. lead and start-up buffer solutuions. Longer probe lengths can be provided as required by Customer. Various model options are available with special features for each highlighted below:

Model 30 (Basic Unit)- This is the basic unit as specified above. Please specify as pH or ORP measurement and 115 VAC or battery operated.

Model 30 Sentinel- This unit is provided the same as the basic unit except it is provided with an alarm which will sound when a set point is reached to alarm an operator of an unacceptable reading. The setpoint is adjustable by the Operator.

Model 30 pH/T- This unit is same as the basic Model 30 with the added feature of measuring Temperature via a separate 1/2" PVC temperature probe. The meter has a range of 2-12 pH and 0-100 Deg C. A permanent record of both pH and temperature is multiplexed on the recording chart.



April 30, 2007

Passaic Valley Sewerage Commissioners 600 Wilson Avenue Newark, NJ 07105

Attn: Mr. Andy Caltagirone

Dear Mr. Caltagirone;

Enclosed please find a sewer use application in response to your request for same along with check for the \$750.00 application fee.

Should you require any additional information please contact me at 973-569-9000.

Respectfully,

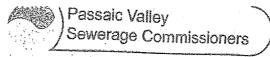
Mark Friedman

DermaRite Industries LLC



CARL S. CZAPLICKI, JR. Vice Chairman

FRANK J. CALANDRIELLO
WILLIAM F. FLYNN
ALAN C. LEVINE
ANTHONY J. LUNA
ANGELINA M. PASERCHIA
KENNETH R. PENGITORE
Commissioners



~Established 1902~

600 WILSON AVENUE NEWARK, NJ 07105 (973) 344-1800 Fax: (973) 344-2951 www.pvsc.com BRYAN J. CHRISTIANSEN Executive Director

JAMES KRONE Deputy Executive Director

JOSEPH FERRIERO Chief Counsel

ANTHONY W. ARDIS Clerk

RECEIPT

Received From DERMARITE INC	USTRIES LLC
Customer ID# $2/8/0022$ and 13	7070
Amount of Payment 750. Date of Payment	5/4/07
A/ Violation (VIO) – Effluent	, , , , , , , , , , , , , , , , , , ,
B/Violation (VIO) - Late Report	s
C/ Civil Actions (LEGAL)	s
D/Ammliant D. Com	\$ 750°°°
E/ Letter of Authorization Fee (LOA)	\$
F/ Permit Fee (PF)	
G/ CID Treatment Fee (CID)	\$
H/ Supplemental User Charge Fee (SUC)	\$
I/ One Time Groundwater Discharge (GWD)	\$
J/ Other (FEES)	
Payment received by:	
ignature	
mount Date	

12879 Vendor No: PASSV / Name: Passaic Valley Sewerage 12879 Invoice A Ref Inv Date Inv Amt Discount Adj Amt Amt Paid PERMIT 07 SEWER 04/30/07 750.00 0.00 0.00 750.00 INDUSTRIAL 81100 1 2007 MAY 82100 32050 81250 (Acct: 11022-000-0000) Check Date 04/30/07 Total 750.00 DERMARITE INDUSTRIES LLC 12879 P.O. BOX 631 HAWTHORNE, NJ 07507 55-95/212 12-879 PAY ***Seven Hundred Fifty & No/100 Dollars DATE AMOUNT 04/30/07 TO THE ORDER OF \$750.00 ⇧ Passaic Valley Sewerage Commissioners 600 Wilson Avenue

#O12879# #O21200957# #345#2129357#

Newark, NJ 07105

AUTHORIZED SIGNATURE